

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

09 577,980

FILING DATE

5-25-00

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)						
2						
3						
4						
5						
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7						
8						
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(11)						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	36					
TOTAL C. CLAIMS	40					

Best Available Copy